



Volunteer Intake Form

PLEASE PRINT

Name: Last		First		Middle Initial	Date
Street Address			City, State, Zip		Occupation
Home Phone	Work Phone	Cell	Email Address		
Date of Birth	Any Physical Limitations?				

Availability: Please check all boxes that apply.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Mornings							
Afternoons							
Evenings							

Available: ___ weekly ___ monthly ___ as needed.

Volunteer Interests: (Check ALL that apply)

- Assist in fundraising/development (Kidney Walk, Kidney Ball, Golf Tournaments, etc.)
- Be a presenter for the "Your Kidneys & You" program
- Assist at a KEEP® Healthy screening (general and medical skills)
- Assist in outreach to the community including health fairs and special events
- Assist in public awareness campaign and media
- Advocacy
- Assist with social media
- Provide office support (answering phones, reception assistance, prepare mailings, etc.)
- Other: _____

I am a licensed health professional:

- Physician
- Physician Assistant
- Nurse Practitioner
- Nurse
- Dietician
- Social Worker
- Technician
- Other: _____

I am connected to Kidney Disease by:

- Organ donor
- Organ recipient
- Dialysis patient
- Living with kidney disease
- Family member or friend has kidney disease
- Other: _____

I have knowledge/experience in following computer software applications:

- Microsoft Word
- Microsoft Access
- Microsoft Excel
- Microsoft PowerPoint



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Do you speak any language in addition to English?

Additional training or experience:

How did you hear about the National Kidney Foundation?

Comments:

Signature:

Date: